



California's Health

Vol. 12, No. 10 • Published twice monthly • November 15, 1954

NEW HOME OF DEPARTMENT NEARS COMPLETION



Construction of the State Department of Public Health's new \$5,000,000 headquarters and laboratory building in Berkeley is nearing completion, with occupancy scheduled by April 1st. An imposing addition to Berkeley's skyline, the eight-story building is located at Berkeley Way and Shattuck Avenue in downtown Berkeley, just across from the University of California campus, where a new school of public health is also being completed.

Built in the shape of a cross, the main section is eight stories high and the cross arms four stories. The wings above the first floor will be occupied by the state laboratories which now operate from four locations in Berkeley.

The building has now been completed except for finishing and interior work. The City of Berkeley has widened and repaved streets around the building, sidewalks have been laid and, by the time the building is occupied, parking facilities and landscaping will have been completed.

For the first time in the department's 85 years of existence, the new building will bring together all headquarters units under one roof. These units are now scattered in three locations in San Francisco and six in Berkeley. Branch offices will continue to function in Sacramento, location of the vital records section, and Los Angeles, as will the several small field offices in various parts of the State.

See another photo inside. Photos by Berkeley Daily Gazette.

Community-wide Vaccination Against Influenza Not Recommended by Department

Each year questions arise concerning the validity and feasibility of the use of influenza vaccine, particularly on a community-wide basis. This fall the matter was compounded by an unfounded rumor that the United States faces a repetition of the 1918 influenza epidemic.

There is no information that a particularly virulent strain of influenza virus is prevalent in any part of the world at the moment. The California State Department of Public Health is a part of an international intelligence system which maintains surveillance of the occurrence of influenza and of the specific virus strains causing outbreaks that are reported.

The department emphasizes that community-wide vaccination against influenza does not guarantee protection. Such factors as the unpredictability of epidemics, the delay in development of immunity in the individual after inoculation, and the temporary immunity which vaccination provides all minimize effectiveness of influenza vaccination.

In regard to the rumor that the 1918 epidemic may be repeated this year, the department points out that it was never adequately determined which of the many strains of influenza virus might have caused that 1918 epidemic. Thus, it would be impossible to forecast repetition of the 1918 episode.

Department policy relating to immunization against influenza is repeated here:

In general it appears that community-wide vaccination against influenza is not a soundly based procedure.

Vaccines now available commercially vary somewhat, but have two important qualities in common:

1. They probably are effective only for a limited period (a few months) following administration.
2. Their protective value in communities-at-large has not been determined.

Therefore, it is impossible to expect protection to persist from season to season; an individual or community

would require immunization each season.

Further influenza epidemics are exceedingly difficult to predict, both as to location and extent. At best, the probability of influenza virus as the etiologic agent of an outbreak of respiratory disease cannot be determined until the outbreak is under way; to be effective in the current season, community-wide immunization would have to be immediately carried out before the epidemic reached its peak. Since epidemics of influenza are often explosive and of short duration, immunization of the community could not be accomplished in time to affect the current outbreak appreciably.

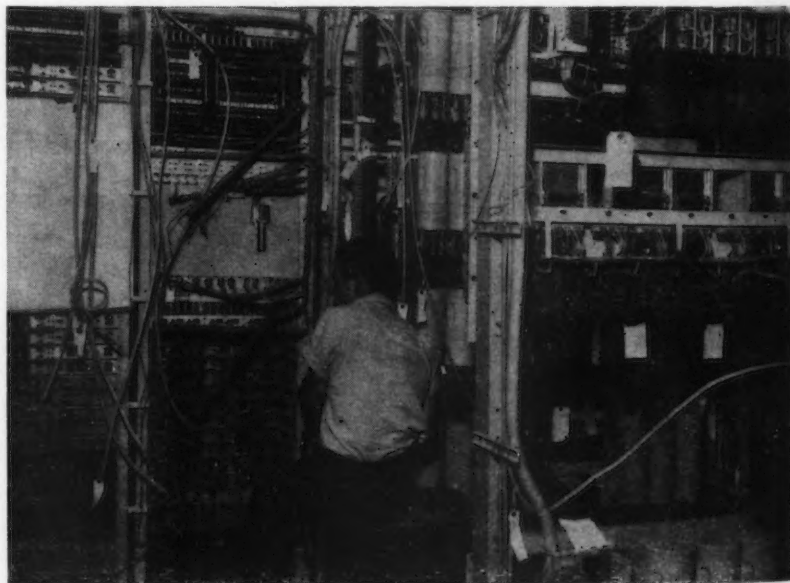
This does not mean that vaccines are of no use whatsoever. Similar or identical strains of virus may cause epidemics at widely separated points throughout the nation or the world, and at different times of the year. For groups at particular risk, or in which prevention of disability is of great importance, such as the personnel of military installations or of other vital defense establishments, wide use of vaccine prepared after the first out-

breaks have occurred may be worth the gamble that epidemics caused by identical strains will occur elsewhere.

Another use may be warranted on an individual basis. Since such few deaths as now result from influenza occur in the very old and debilitated, and the very young, available commercial vaccine may be used in the individual instance for whatever protection it may afford.

All this may sound rather discouraging. There are some promising developments afoot, however. It has been demonstrated that with the addition of certain adjuvant substances vaccine in very small amounts is capable of producing a high level of antibodies. Two beneficial results may be anticipated. First, the effective duration of a vaccine may be extended, reducing the frequency of vaccination needed to maintain adequate antibody levels. Second, it may be possible to combine in one vaccine a large number of virus strains, thereby providing protection for these many strains without the need for on-the-spot determination of the strain active in the current outbreak.

NERVE CENTER OF BERKELEY HEADQUARTERS



An idea of the complexity of communication facilities in the new Berkeley headquarters building is given in this photo of telephone company installation now under way. First room completed in the building was turned over to the telephone company so that the intricate communications network could be completed well ahead of occupancy by staff.

Relating Public Health Nursing Functions to a Community Tuberculosis Program*

MRS. MABEL T. NORTON, R.N., M.A., Chief, Bureau of Public Health Nursing, San Diego County Department of Public Health

Self-consciousness is an uncomfortable feeling which we usually try to avoid. Recently those of us concerned with tuberculosis nursing service have become highly self-conscious, in the sense of studying what we ourselves are doing, or ought to be doing now in a community program for the prevention and care of tuberculosis. As medical knowledge and practice in the management of tuberculosis changes, and as the pattern of various professions changes, so must nursing practices change. Whether a nurse is working in a therapeutic setting such as a tuberculosis hospital or clinic, or in a setting of direct health promotion in which she is concerned with tuberculosis, she is working with other professional people, and increasingly so with social workers. Therefore, because the work of the public health nurse is more closely inter-related with that of social workers in the many different community agencies, my remarks will be directed chiefly toward the present functions of the public health nurse in tuberculosis control.

A NETWORK OF RELATIONSHIPS

In reviewing statements of public health nursing functions, nearly all of them seem to begin with such words as, "the nurse participates in, helps to, assists with, confers on, plans with, etc." Each nurse functions in a network of relationships with nurses employed by other community agencies, and with members of other professional groups—physicians, teachers, psychologists, health educators, sanitarians, nutritionists, social workers and others. In San Diego City and County there are approximately 185 nurses engaged in public health work. They are employed by the Visiting Nurse Associations, Public Schools, the Veteran's Administration, Navy Relief, and the Department of Public Health. Those most concerned with tuberculosis nursing are the public health nurses in the Visiting Nurse

Associations, the Veteran's Administration, and the Department of Public Health. The latter carry the legal responsibility for communicable disease control, including tuberculosis. Public health nursing visits are made to all cases of tuberculosis unless otherwise requested.

PREPARATION FOR NURSING

Most of you know that a public health nurse is a registered nurse, who has had three to five years of basic nursing education in the theory and practice of nursing arts, biological and social sciences, with additional university preparation in public health. This preparation leads to a baccalaureate degree and enables a nurse to qualify for a registered nurse license and the California State Public Health Nursing Certificate. With the shortage of public health nurses, some nurses are employed in our local agencies with incomplete public health nursing preparation. This necessitates emphasis on inservice education.

NURSING SKILLS

Nursing has developed certain unique skills which may to some degree be possessed by other professions, but are characteristic of the nursing profession. Because of the trend toward the acceptance of common professional concepts, we are also utilizing skills which have long been a part of other professions. Some of these are social work skills—understanding human behavior, group methods, interviewing, and supervision. Some of the basic principles of public health nursing are closely akin to those of social work:

1. *Serving the family as a unit.* Health teaching and guidance, nursing care of the sick, and control of environmental hazards to health are inseparable components of total family nursing care. Assistance with social adjustment is inevitably a part of nursing care.
2. *Guarding the family's right to self-determination.* Public health nursing is based on the premise

that the individual and family should be helped to take the final responsibility for decisions relative to health care. However, if the patient is suffering from a communicable disease, such as tuberculosis, protection of others must also be considered along with care of the affected individual.

3. *Practicing professional ethics with those she is serving, and with her co-workers.* She holds personal information and diagnosis in confidence, unless the patient or family agree to its release. She supports other professional workers. This ethical relationship is carefully observed between physician and nurse, but most of us agree it could stand improvement with other workers. It may be that here, our need for prestige gets in the way, and blinds us to the contributions of others.

THREE GENERAL FUNCTIONS

Public health nursing, whether in tuberculosis or other areas of service, has three general functions—educational, protective and nurturing. Historically and uniquely the nurse supplies skilled personal service to the sick or physically incapacitated person—service related to his illness and based on medical diagnosis and therapy. This nurturing function belongs distinctly to the nurse. The intimacy of this relationship may stir memories of childhood experiences of nurture, of attention to small and great needs, but can be handled on a conscious level by nurse and adult patient, recognizing that frequently basis dependency needs must be met first in order for the patient to utilize opportunities for independence. While the nurse's emphasis remains primarily the physical—the body, she shares with other professional groups the knowledge that the cultural and emotional environment are inherent aspects of all bodily response. While the nurse may assist with certain social and emotional adjustments, so-

* Presented at the Social Workers' Institute on Tuberculosis and Other Long-term Illnesses in San Diego, August 16-18, 1954. The Institute was sponsored by the San Diego Chapter, American Association of Social Workers and the San Diego County Tuberculosis and Health Association.

cial diagnosis and treatment belong largely to the skilled social worker.

HOME CARE OF TUBERCULOSIS PATIENTS

In San Diego County the majority of tuberculous patients are not in the hospital. This increases the need for public health nursing service, frequently of the nurturing type. This is provided under medical direction through: care given by the public health nurse, including observing for signs of illness, and signs of returning health; teaching a responsible member of the family how to give nursing care; giving or teaching a family member how to give special treatments ordered by the physician; assisting the physician with medical examinations at the clinic, and performing certain diagnostic tests, such as tuberculin skin tests; encouraging continuous medical supervision and acceptance of prescribed medical treatment; and offering the patient and his family psychological support. The public health nurse seeks to work perceptively with people, more on the conscious and less on the intuitive level. She observes deviations from the so-called normal, and recognizes problems or potential problems with which the patient or family need help. She must then be able to separate those situations with which she can help, from those which require skill beyond her own and then seek assistance.

The tuberculous patient who requires bedside care over a period of time is often referred to the nurse in the visiting nurse association. When this occurs, the nurse in the health department usually withdraws and resumes nursing supervision when visiting nurse care is discontinued. The public health nurse employed by the tax-supported agency does not serve on a fee basis as do the nurses in a voluntary agency such as the visiting nurses association. If treatment such as streptomycin is ordered, and cannot be given by the visiting nurse because of geographic or other reasons, the nurse in the health department may teach the patient or family member the technique of administration, providing the physician is willing and the patient is under regular medical supervision.

EDUCATIONAL ROLE

In her educational role, the nurse attempts to teach desirable health practices for all members of the family within the limitations of readiness and practicality. She supplements the individual's knowledge of tuberculosis to assure accurate information and understanding of the nature of this disease. She participates in educational programs in the community. She may do this with adult groups, in schools, and in classes with student nurses. Recently the public health nurse has participated in group conferences for tuberculous patients and contacts. This program was initiated by the medical social consultant in the Department of Public Health, but was developed and is carried on jointly by physicians, health educators, hospital and public health nurses, as well as the medical social worker.

COMMUNITY RESOURCES

The public health nurse also assists patients and their families to utilize community resources. Referrals of tuberculous patients or families from the public health nurse to social agencies are more common than the reverse. In making referrals the nurse attempts to discover what the patient and family want and need. She can then point out the resources available. The medical social worker in the health department is often consulted for assistance in making these referrals. The patient or family is encouraged to take action and the public health nurse paves the way for entrance by another worker, and her own withdrawal. Frequently, in tuberculosis, the case must be carried jointly. When this happens, it is particularly important that the nurse and other professional worker respect each other's function, or the patient and family may find it easy and perhaps satisfying to criticize each worker or agency program to the other, with the result that neither is really valuable to the patient. In approximately one-half of the families where tuberculosis is a problem, public health nurses in San Diego have continuing contact with social agencies. The nurses report that they have a constructive and effective relationship with the various social agencies.

PROTECTIVE ROLE

In her protective role, the public health nurse shares in carrying out public health procedures relative to communicable disease control, and of other environmental hazards. In tuberculosis control, she attempts to locate source cases of infection; encourages examination of all close and casual contacts; helps with mass X-ray surveys; and instructs patients and families in protective measures to prevent the spread of infection to others. This is based on the degree of communicability, and on current knowledge of the mode of transmission. Specific teaching of protective measures is outlined in materials available to professional workers through the Bureau of Public Health Education in the San Diego Department of Public Health.

SHARE OR DIVIDE?

It is sometimes difficult to say where the job of the public health nurse ends and that of the social worker begins. Is there a clear boundary line? Should there be? Can there be? Is it necessary that nurse and social worker think and talk alike? Shall we share or isolate our professional experiences? Shall we share or divide our efforts in the interests of the tuberculous patient and his family? This is for us to decide.

BIBLIOGRAPHY

- Bloom, Betty B., "The Public Health Nurse and the Medical-Social Consultant," *Nursing Outlook*, March, 1953, pp. 150-1.
- Cockerill, Eleanor, "The Interdependence of the Professions in Helping People," *Social Casework*, November, 1953, pp. 371-8.
- Freeman, Ruth, *Public Health Nursing Practice*, W. B. Saunders Company, Philadelphia, Penn., 1951.
- Gilbert, Ruth, *The Public Health Nurse and Her Patient*, Harvard University Press, Cambridge, Mass., 1951.
- Towle, Charlotte, *Common Human Needs*, American Association of Social Workers, New York, N. Y., 1952.
- Tuberculosis Policy and Procedure Manual*, San Diego Department of Public Health, 1952.

Fluoridation at the Polls

Two California communities voted on fluoridation in the November 2 general election—Palo Alto and Sunnyvale, both in Santa Clara County. Palo Alto voted in favor of fluoridation, 7,560 to 6,214. Sunnyvale voted fluoridation down—969 yes, 1,365 no.

Occupational Disease in California—1953

There were 27 fewer fatalities reported from occupational diseases in California in 1953 than in 1952, although 1,186 more cases were reported than in the previous year.

Cases of occupational disease were reported from every county of the State. They ranged from one in sparsely populated Alpine County to 8,921 in densely populated Los Angeles County. San Francisco City and County had the second highest number of cases reported with 1,130 and Alameda County was third with one less case, 1,129.

These are some of the salient points of a statistical report on the occupational disease situation in California during 1953 recently made by the State Department of Public Health. The statistics are based on an analysis of 21,668 physicians' reports referred to the Department's Bureau of Adult Health by the Division of Labor Statistics and Research of the State Department of Industrial Relations.

Every physician in the State who attends an injured employee covered by the State Workmen's Compensation Act is required by law to file a report of the injury with the Department of Industrial Relations, and every employer of an injured worker is required to do the same. By an interagency agreement, the Bureau of Adult Health of the State Department of Public Health reviews and analyzes the physicians' reports of occupational diseases received by the State Department of Industrial Relations.

The use of these physicians' reports is a valuable aid in evaluating the occupational health problems in the State and in determining those areas and those industries which have the greatest need for preventive health services. However, a statistical analysis based on the reports is subject to some limitations. One is that the Workmen's Compensation Act does not cover such groups of workers as self-employed, federal employees, maritime workers, railroad workers in interstate commerce, and farm workers who do not elect to be covered. Another is that physicians are required to make only a first report,

(Continued on page 78)

TABLE 4
REPORTED CASES OF OCCUPATIONAL DISEASES BY DISEASE GROUP AND MAJOR INDUSTRY GROUP
CALIFORNIA, 1953

DISEASE GROUP	Total	INDUSTRY GROUP									
		Agriculture	Mining and quarrying	Construction	Manufacturing	Transportation, communication and utilities	Trade	Finance, insurance, and real estate	Service	Government	Not stated
Total, all diseases.....	21,668	2,813	139	2,119	9,116	926	1,212	163	1,510	2,156	1,514
Infective and parasitic diseases, total.....	506	355	--	5	32	5	13	--	24	66	6
Tuberculosis.....	16	--	--	--	2	--	--	--	2	12	--
Brucellosis.....	12	3	--	--	6	--	--	--	3	--	--
Anthrax.....	--	--	--	--	--	--	--	--	--	--	--
Other and infective and parasitic diseases.....	478	352	--	5	24	5	13	--	19	54	6
Diseases of the eye, total.....	2,583	83	49	355	1,449	76	25	3	148	73	322
Conjunctivitis and ophthalmia due to welding flash.....	2,529	83	49	355	1,434	76	16	3	136	55	322
Other conjunctivitis and ophthalmia.....	54	--	--	--	15	--	9	--	12	18	--
Diseases of the ear.....	64	--	--	--	9	43	1	--	7	3	1
Diseases of the central nervous system and peripheral nerves.....	95	5	--	10	58	2	7	--	6	--	7
Diseases of the respiratory system, total.....	566	25	6	56	271	22	18	6	30	86	46
Acute upper respiratory infection.....	223	7	1	14	135	8	6	2	8	16	26
Influenza, pneumonia, bronchitis.....	253	15	4	33	98	10	12	2	12	52	15
Silicosis and other pneumoconiosis.....	13	--	1	2	10	--	--	--	--	--	--
Other and unspecified diseases of the respiratory system.....	77	3	--	7	28	4	--	2	10	18	5
Diseases of the skin, total.....	11,461	1,435	30	1,085	4,694	546	761	97	807	1,321	685
Occupational dermatitis due to oils, greases, solvents.....	6,201	276	22	388	3,605	149	578	39	529	203	412
Occupational dermatitis due to poison oak.....	3,658	721	6	608	411	371	17	47	203	1,051	223
Other diseases of the skin.....	1,602	438	2	89	678	26	166	11	75	67	50
Diseases of the bones and organs of movement, total.....	2,774	186	--	288	1,547	59	216	36	162	81	199
Synovitis, bursitis and tenosynovitis.....	2,397	170	--	264	1,315	50	188	30	139	71	170
Other diseases of the bones and organs of movement.....	377	16	--	24	232	9	28	6	23	10	29
Systemic effects of poisons, total.....	651	115	45	43	234	14	12	2	74	89	23
Poisoning by industrial solvents.....	27	--	--	5	18	--	1	--	2	--	1
Poisoning by lead and its compounds.....	83	--	35	5	35	1	2	--	3	2	--
Poisoning by carbon monoxide.....	48	1	1	6	9	7	3	--	4	8	9
Poisoning by other metals and industrial compounds.....	493	114	9	27	172	6	6	2	65	79	13
Poisoning by venom.....	2,016	529	5	182	493	121	112	16	135	257	166
Effects of weather, exposure and related conditions, total.....	181	29	--	46	42	6	11	--	13	25	9
Effects of heat and insolation.....	171	28	--	46	36	6	11	--	12	24	8
Other effects.....	10	1	--	--	6	--	--	--	1	1	1
Burns, total.....	219	12	3	20	118	11	10	2	17	10	16
Burns, chemical.....	217	12	3	19	118	11	10	2	16	10	16
Friction, X-ray and other burns.....	2	--	--	1	--	--	--	--	1	--	--
Neoplasms, total.....	5	1	--	1	--	--	1	--	--	1	1
Malignant.....	4	1	--	1	--	--	--	--	--	1	1
Benign.....	1	--	--	--	--	--	1	--	--	--	--
Allergic disorders.....	89	9	--	4	52	3	5	--	6	5	5
Diseases of the circulatory system.....	150	10	--	15	37	7	9	--	12	50	10
Diseases of the digestive and genitourinary systems.....	32	1	--	--	17	1	1	--	2	6	4
Symptoms referable to systems or organs and ill-defined conditions.....	45	4	--	4	28	--	3	--	3	--	3
Prophylactic treatment and medical examination without sickness.....	223	12	1	5	30	10	7	1	64	83	10
Not specified.....	6	2	--	--	3	--	--	--	--	--	1
Diseases of blood and blood-forming organs.....	2	--	--	--	2	--	--	--	--	--	--

¹ Diseases attributable to occupational exposure. Excludes diseases of employees not covered by the California Workmen's Compensation Act, such as self-employed, federal employees, maritime workers, railroad workers in interstate commerce, and workers employed by farmers who elect not to be covered.

² These are mainly effects of insect bites or stings.

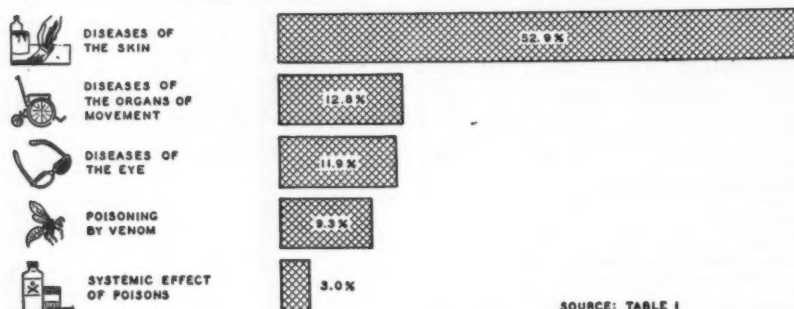
³ These consist only of burns arising from repeated exposures. Burns from heat, fires or explosions are reported in the accidental statistics of the Department of Industrial Relations.

SOURCE: State of California, Department of Industrial Relations, Doctor's First Report of Work Injury. Statistics compiled by State Department of Public Health, Bureau of Adult Health. June 1, 1954

Occupational Disease—1953

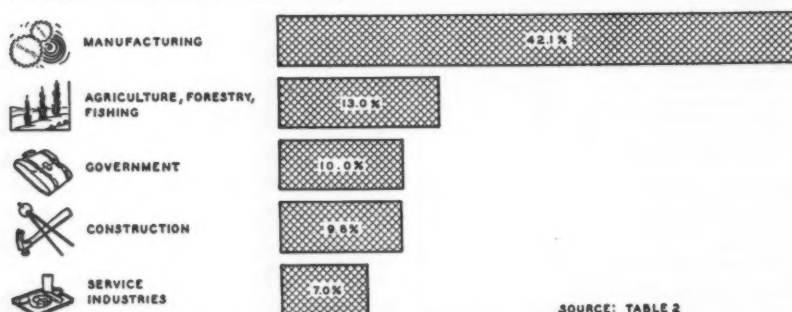
(Continued from preceding page)

THESE WERE THE MOST COMMONLY REPORTED DISEASES:



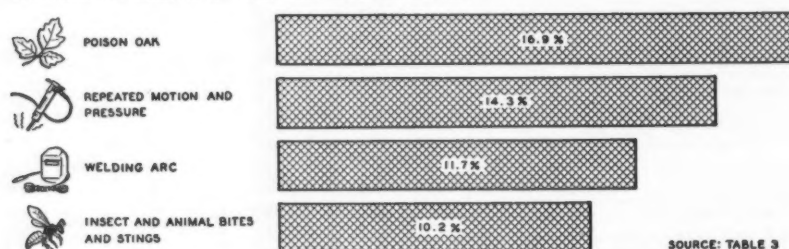
SOURCE: TABLE 1

THESE WERE THE INDUSTRIES WHICH REPORTED THE GREATEST NUMBER OF CASES:



SOURCE: TABLE 2

THESE WERE THE AGENCIES OF INJURY MOST OFTEN IMPLICATED:



SOURCE: TABLE 3

which covers the preliminary findings and may not reflect the final diagnosis.

The fatality reports from occupational diseases are obtained from two sources. The data on deaths from silicetuberculosis are from the vital statistics records of the State Department of Public Health and the data on the remainder of the deaths from occupational disease are from the State Department of Industrial Relations. Fatalities from both sources totaled 185 for 1953, in comparison with 212 in 1952. Of these, 63.2 percent were from diseases of the heart and 21.6 percent were from silicetuberculosis.

Mussel Quarantine Is Lifted

The yearly quarantine of mussels for human consumption was lifted October 31st. The danger of disregarding the May 1st-October 31st quarantine was emphasized this year when five persons became ill from mussel poisoning, the first so stricken since 1948.

An increase in state population from 1,648,000 to 12,450,000 over the past 49 years has made California the largest single registration area in the United States.

Research Funds Support 21 Projects
Granted to Department

Research grants totaling \$414,503 are supporting 21 special projects being conducted or sponsored by the California State Department of Public Health. These grants are provided by the Kellogg Foundation, the Rockefeller Foundation, the Children's Bureau, the National Foundation for Infantile Paralysis, the U. S. Public Health Service Division of Special Health Service, the National Institutes of Health, and the Department of the Army.

The source of funds, description of project and amount of the allocations follow:

	Amount of grant for one year
Kellogg Foundation	
Prevention of Blindness.....	\$42,479
Home Safety Program.....	31,500
Rockefeller Foundation	
To Study Encephalitis of unknown etiology.....	15,000
Children's Bureau	
Maternal and Child Health Conference Evaluation.....	46,189
Social Work Education Project (Contract with University of California).....	16,300
Congenital Heart Disease.....	35,000
MCH Training Program (Contract with University of California).....	40,000
Mental Retardation and Associated Problems.....	48,882
MCH Evaluation Unit (Contract with University of California).....	3,780
Fellowships in Public Health at University of California.....	5,700
National Foundation for Infantile Paralysis	
Serological Studies of Dr. Salk's Polio Vaccine.....	45,301
Complement Fixation Test for Poliomyelitis.....	43,284
Chronic Disease and Tuberculosis—U. S. Public Health Service	
San Mateo Nutritional Survey.....	10,000
Weight Reduction Project (Contract with Herrick Hospital, Berkeley).....	6,000
Statistical Tabulations.....	2,000
National Institutes of Health	
Current Morbidity Project.....	158,400
Occupational Aspects of Lung Cancer.....	25,424
Encephalitis Vaccine for Humans (Western Equine).....	11,015
Pathogenesis of Experimental Q Fever in Sheep.....	30,000
Department of the Army	
Army Influenza Contract.....	118,229

Tuberculosis in California—1953

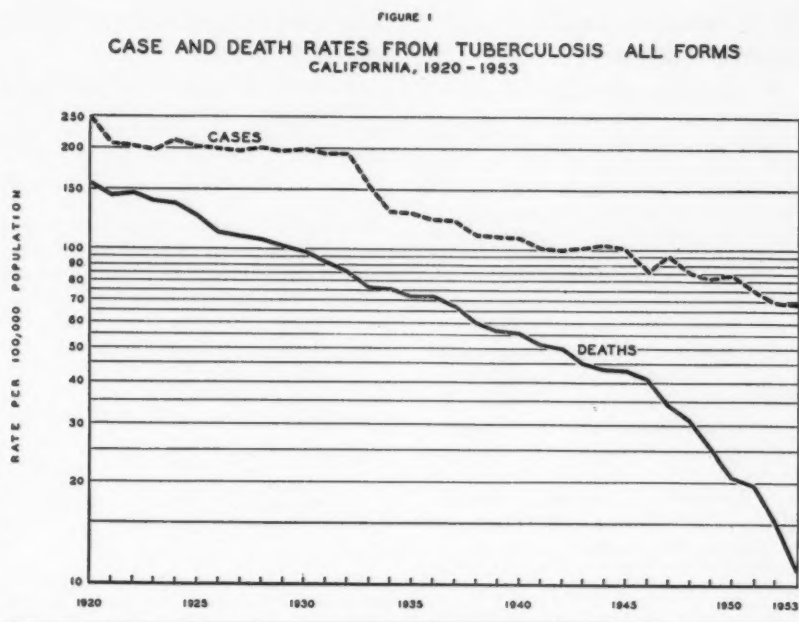
The tuberculosis death rate reached an all-time low in California in 1953. The rate of 11.4 deaths per 100,000 population represents a 26.5 percent decrease from 1952 and almost a two-thirds reduction in the last five years. But tuberculosis retains its importance as a health problem. The 1953 rate of newly reported cases showed only a 2 percent reduction over the previous year and a reduction of less than one-fifth from the rate recorded five years ago.

In 1953 less than 1 percent (.8) of all female deaths in the State were caused by tuberculosis. The percent of total male deaths from tuberculosis in 1953 was double that for female (1.6). It is plain from these percentages that tuberculosis is no longer a leading over-all cause of death in this State. However its impact is felt strongly in certain age groups; it caused about 6 percent of the deaths among females age 20-29 in 1953.

The striking decline in the death rate from tuberculosis in recent years is evidence of the effectiveness of new medical, surgical and public health techniques. From 1920, tuberculosis mortality decreased at a fairly constant rate of 5 to 10 percent each year until 1946. That year marked a dramatic change, for since then the deaths from tuberculosis in the State have declined about 25 percent each year.

Further details of the analysis of 1953 tuberculosis data for California recently released by the Bureau of Tuberculosis of the State Department of Public Health show that the estimated rate of newly reported cases of tuberculosis in males is nearly double that for females—83 cases per 100,000 population as compared to 46 for the females. The age specific rates show strikingly different patterns for the sexes. Under 15 years, the disease affects males and females about equally. Among females, tuberculosis strikes most heavily the ages 15 to 44, with the third decade the most vulnerable period. After age 45 there is a gradual decline. In contrast, males experience their highest rates in the older age groups.

In 1953 there were still 36.8 percent of the cases of pulmonary tuberculosis not reported until they were far advanced, and 40 percent not un-



til moderately advanced. Progress in the finding of cases while they are at the minimal stage has been made very slowly. Of the cases reported in 1945 18.8 percent were at the minimal stage while only 23.1 percent were reported at the minimal stage in 1953.

In the effort to find cases early, California public health jurisdictions took a total of 1,201,834 film in X-ray case finding surveys in 1953. By this means 27,459 tuberculosis suspects were found and referred. A total of 8,094 new cases of tuberculosis were reported during 1953, bringing the total of known cases in the State to 22,383. Of this number 10,240 were hospitalized.

While the effect of family history on longevity is appreciable, it is nevertheless small compared with the gains in longevity observed through the improvement in environment since the turn of the century.—*Statistical Bulletin, Metropolitan Life, Vol. 35, No. 9.*

More than 30 school districts in California are now offering training for vocational nurses.—*State Dept. of Education Report for Governor's Council, September, 1954*

Public Health Positions

Contra Costa County

Public Health Nurse: Salary range, \$341-\$410. Applicants must possess a valid license as a registered nurse in California, a certificate as a public health nurse in California, and a valid California driver's license. Candidates for the P.H.N. certificate will be admitted to the examination, but cannot be appointed until they receive their certificate.

Clinical Laboratory Technician: Salary range, \$326-\$392. Applicants must possess California certificate.

For further information on the above positions apply Contra Costa County Civil Service Commission, P. O. Box 710, Martinez.

San Mateo County

Educational Director, Public Health Nursing Service: Salary range, \$415-\$519. Closing date for filing is open. Written test will be given about December 11, in Redwood City or other places convenient to candidates as conditions permit. Applicants must possess or be eligible for valid certificates as registered nurse and public health nurse in California. Education and experience required include completion of a university program of study in public health nursing accredited by the National Nursing Accrediting Service of the National League for Nursing, a master's degree, and five years of experience in public health nursing in a family health program, at least two of which shall have been in supervision, administration or consultation. (Additional experience may be substituted for the master's degree if it is equivalent in all respects to advanced study. Teaching experience in public health nursing may be considered if total experience pattern is deemed adequate.)

Mental Retardation Study Begun in California

A long-term study of the care of mentally retarded children in their own homes, with the associated family and community problems, has been started in Southern California with the approval of the Children's Bureau. The study was planned jointly by the staff of the Bureau of Maternal and Child Health of the State Department of Public Health and the staff of the Children's Hospital of Los Angeles, with assistance from the staff of the State Department of Mental Hygiene. State Health Department staff will serve in a consultant capacity throughout the project. The Children's Hospital Society of Los Angeles, a nonprofit hospital, will conduct the study at an experimental mental retardation clinic under the direction of a capable and experienced pediatrician with special training in normal and abnormal child development.

Funds for the initial period of the study have been allocated by the Children's Bureau and it is expected that financial assistance will come from individuals, parents' organizations, and other private and public agencies and organizations. The project is planned to be carried on for from five to ten years and culminate in a demonstration of integrated community services for the mentally retarded child and his family.

There are, according to the best available estimates, from one to two million mentally retarded children in the United States, with about 2,300 known to various public and private agencies in the Los Angeles area.

There is a pressing need for definite information about the care of mentally retarded children in their own homes and the problems this

Commission on Chronic Illness Appoints Dr. Breslow

Lester Breslow, M.D., Chief of the Department's Bureau of Chronic Diseases, has been appointed as a member of the Commission on Chronic Illness, an independent national agency founded in 1948 by the American Hospital Association, American Medical Association, American Public Health Association, and the American Public Welfare Association for the purpose of studying problems of chronic disease, illness and disability.

Dr. Breslow has been closely associated with many of the most significant developments related to chronic illness planning in the public health field. In 1952 he served as a consultant to the President's Commission on

presents to the families and the community.

This study is planned to accumulate information to help clarify many of the questions and problems of the retarded child and his family. The results should be far-reaching. With a basis of sound knowledge and a demonstration of the value of a proper approach to the problem, physicians can be better equipped to give more adequate guidance to their patients, and the community can make a sounder approach to the problem with the development of better educational and training methods and more adequate facilities for these children.

In 1953-54 there was a total of 348 foreign citizens enrolled as students in 53 medical schools in the United States. These were fairly evenly distributed with 101 in the first year class, 104 in the second, 78 in the third, and 65 in the fourth year class. The highest enrollment in any of the schools was 34, and the average for schools having foreign students in attendance was 6.6.—*J. A. M. A., September 11, 1954*

Health Needs of the Nation, has conducted much basic work in multiple-screening techniques, and is currently directing the Department's state-wide survey of illness among Californians.

Dr. Breslow has been a technical advisor to the Commission on Chronic Illness since 1949. Edward S. Rogers, M.D., Dean of the School of Public Health, University of California, Berkeley, also serves on the 30-member commission.

GOODWIN J. KNIGHT, Governor

MALCOLM H. MERRILL, M.D., M.P.H.
State Director of Public Health

STATE BOARD OF PUBLIC HEALTH

CHARLES E. SMITH, M.D., President
San Francisco

JAMES F. RINEHART, M.D.
Vice President
San Francisco

ELMER BELT, M.D.
Los Angeles

MRS. P. D. BEVIL
Sacramento

HARRY E. HENDERSON, M.D.
Santa Barbara

ERROL R. KING, D.O.
Riverside

SAMUEL J. McCLENDON, M.D.
San Diego

SANFORD M. MOOSE, D.D.S.
San Francisco

FRANCIS A. WALSH
Los Angeles

MALCOLM H. MERRILL, M.D.
Executive Officer
Berkeley

Entered as second-class matter Jan. 25, 1949,
at the Post Office at San Francisco, California,
under the Act of Aug. 24, 1912. Acceptance
for mailing at the special rate approved for
in Section 1103, Act of Oct. 3, 1917.

**STATE DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH EDUCATION
760 MARKET STREET, SAN FRANCISCO 2**

Documents Division
General Library
Univ. of Michigan
Ann Arbor, Mich.

1949.
ornio.
stance
ed for

ALTH

CO 2

54 5M